

**Protecting Access to Medicare Act of 2014 (P.L. 113-93)**  
**Sec. 223: Criteria for State-Certified Community Behavioral Health Clinics**  
**Listening Session Annotated Agenda: Guiding Questions<sup>1</sup>**  
**November 12, 2014**

*Statutory language: “Not later than September 1, 2015, the Secretary shall publish criteria for a clinic to be certified by a State as a certified community behavioral health clinic for purposes of participating in a demonstration program conducted under subsection (d).”*

**9:00                    Opening Remarks**  
Pamela S. Hyde, J.D., *Administrator*, Substance Abuse and Mental Health Services Administration (SAMHSA)

**9:15                    Welcome**  
Paolo del Vecchio, MSW, *Director*, Center for Mental Health Services (CMHS)  
Cynthia Kemp, MA, LPC, *Chief*, CMHS/Community Support Programs Branch

**9:30                    Quality and Other Reporting**

*Statutory language: Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.*

**Guiding Questions**

- What outcomes should be achieved via the certified community behavioral health clinics (CCBHCs)?
- What performance data should be collected from CCBHCs regarding each of the certification criteria listed in the statute – staffing, availability and accessibility of services, care coordination, scope of services, and quality of care?
- What domains should be measured (i.e., organizational/infrastructure measures; client-report measures; health (including MH/SUD) and psychosocial measures, etc.)?

**10:30                    Scope of Services**

*Statutory language: Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:*

- i. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.*

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<sup>1</sup> These guiding questions serve solely as “food for thought” as SAMHSA solicits public input in development of the criteria for certified community behavioral health clinics. Feedback on aspects of the criteria not suggested in this annotated agenda is welcomed and encouraged by SAMHSA.

- ii. *Screening, assessment, and diagnosis, including risk assessment.*
- iii. *Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.*
- iv. *Outpatient mental health and substance use services.*
- v. *Outpatient clinic primary care screening and monitoring of key health indicators and health risk.*
- vi. *Targeted case management.*
- vii. *Psychiatric rehabilitation services.*
- viii. *Peer support and counselor services and family supports.*
- ix. *Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.*

### Guiding Questions

- Should all the services noted be required? Or, should some be optional, and if so, which services? Should this be determined by HHS, or by each participating State?
- Which services should be further defined? If so, how so?
- What specific outpatient mental health and substance use services should be provided by CCBHCs?
- What services should the CCBHC be directly responsible for, and what services can be provided by partnering organizations?

### **11:30            Staffing**

*Statutory language: Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State-required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.*

### Guiding Questions

- What disciplinary backgrounds should be required of CCBHC staff? How and should peer providers be included?
- What license and credentialing should be required by States of CCBHCs?
- How should States determine if staff members are culturally and linguistically trained to serve the needs of the clinic's patient population?

**12:30            Lunch (on your own)**

**2:00            Accessibility and Availability of Services**

*Statutory language: Availability and accessibility of services, including crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient's ability to pay or a place of residence.*

**Guiding Questions**

- Beyond “crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient’s ability to pay or a place of residence,” what other components of accessibility and availability should be noted?
- Beyond crisis management, which CCBHC services, if any, should be available 24 hours a day?
- With regard to the statute provision that CCBHCs may provide some services “through formal relationships with other providers,” what evidence of these relationships should be required of CCBHCs (i.e., Memorandum of Agreement, Memorandum of Understanding, Interagency Agreement, etc.)? What standards should partnering providers be held to relative to availability and accessibility of services?

**3:00            Care Coordination**

*Statutory language: Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:*

- i. *Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.*
- ii. *Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.*
- iii. *Other community or regional services, supports, providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.*
- iv. *Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in section 1801 of title 38, United States Code.*

v. *Inpatient acute care hospitals and hospital outpatient clinics.*

### Guiding Questions

- How should care coordination be defined for CCBHCs? Should this be a prescribed definition, or should each state define it for themselves?
- How should CCBHC services be coordinated, and by whom? What types of activities and infrastructure should be required to enable care coordination (e.g., health information technology, patient registries, care coordination software, etc.)?
- What other types of entities, if any, should be mandated as care coordination partners?

### **4:00                      Organizational Authority**

*Statutory language: Criteria that a clinic be a non-profit or part of a local government behavioral health authority or operated under the authority of the Indian Health Service, an Indian tribe or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.), or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).*

### Guiding Questions

- What kinds of agencies or non-profit entities can/should be certified as CCBHCs?
- What, if any, accreditation should be required of CCBHCs (i.e., NCQA, CARF, Joint Commission, etc.)?

### **5:00                      Closing Remarks**

Cynthia Kemp, MA, LPC, *Chief*, CMHS/Community Support Programs Branch